

Part V. Driver Certification

U.S. Embassy

Medical Officer's Driver Certificate

I certify that I have reviewed the examination of _____

In accordance with the U.S. Embassy Occupational Physical Exam Policy. I find this person qualified for driving duties; and, if applicable, only when: (check applicable block)

- ☐ approved **without** restrictions or waivers
- ☐ wearing corrective or contact lenses
- ☐ wearing a hearing aid (*must be maintained in good working order at all times, including replacement batteries*)
- ☐ accompanied by a waiver: (*Indicate issue and requirements to fulfil waiver approval*)
- ☐ temporary approval: Follow-up evaluation scheduled for _____

The period of certification is from _____ until _____
(Maximum length of approval is 2 years).

Date

RMO or FSHP
US Embassy _____